



A healthy dose of innovation.™

Texas

## High-Deductible (HSA-Compatible)

### Plan 2

This plan features a \$5,000,000 per member lifetime maximum in benefits.

This matrix provides a brief description of the plan features and reflects UNICARE's share of costs for covered expenses after the annual and out-of-network deductibles are met. When you use UNICARE independently contracted participating (in-network) providers, your costs are based on a specially negotiated rate for UNICARE that may often save you money. When you use nonparticipating (out-of-network) providers, your costs are based on charges deemed by UNICARE to be reasonable for that service and area. Reasonable charges may be less than your provider's billed charges and often result in higher costs to you. Refer to the UNICARE provider directory or to the UNICARE Web site at [www.unicare.com](http://www.unicare.com) to determine which providers in your area are participating (in-network) providers. Ask your agent to provide you with a UNICARE provider directory before you sign an application for coverage.

For a more detailed description of coverage, benefits, limitations and exclusions, preservice and utilization review, preauthorization process, additional deductibles, and penalties that may apply, please refer to the applicable plan booklet. If there are any conflicts between the terms of the plan booklet and the information in this brochure, the terms of the plan booklet will prevail.

Amounts shown below are the member's share of costs.

| Plan Features  | Single Party           |  | Family                 |  |
|--|------------------------|--|------------------------|--|
|  | Participating Provider | Nonparticipating Provider                    | Participating Provider | Nonparticipating Provider                    |
| <b>Annual Deductible</b>   |                        | \$2,600                                      |                        | \$5,200                                      |
|  |                        | Additional \$4,000 out-of-network deductible |                        | Additional \$8,000 out-of-network deductible |
| <b>Annual Out-of-Pocket Maximums</b><br>(includes annual deductible and pharmacy copays) | \$5,000                | \$15,000                                     | \$10,000               | \$20,000                                     |

Amounts shown below are UNICARE's payment after applicable deductibles are met.

| Plan Features   | Participating Provider   | Nonparticipating Provider |
|---|--|---------------------------|
| <b>Lifetime Maximum</b>   | \$5,000,000 per member   |                           |
| <b>Professional Services</b><br>Office visits, surgery, anesthesia, radiation therapy, in-hospital doctor visits and diagnostic X-ray/lab | 80%  | 50%                       |
| <b>Preventive Care for Babies and Children (through age 6)</b><br>Exams and lab tests   | 80%  | 50%                       |
| <b>Immunizations for Babies and Children (through age 6)</b>  | 100% Deductible(s) waived  |                           |
| <b>Adult Preventive Care</b><br>Routine PAP smears, annual mammograms, colorectal cancer screenings, PSA screenings                       | 80%  | 50%                       |
| <b>Inpatient Hospital Services</b> <sup>1</sup>   | 80%  | 50%                       |
| <b>Outpatient Medical Care</b> <sup>2</sup>   | 80%  | 50%                       |
| <b>Physical/Occupational Therapy and Acupuncture/Acupressure</b>  | \$30 maximum per visit with a combined maximum of 12 visits per year |                           |
| <b>Ambulatory Surgical Center</b> <sup>3</sup>  | 80%  | 50%                       |

## Texas High-Deductible (HSA-Compatible) Plan 2 (cont'd)

Amounts shown below are UNICARE's payment after applicable deductibles are met.

| Plan Features   | Participating Provider   | Nonparticipating Provider  |
|---|--|--|
| <b>Ambulance Service</b><br>With a maximum covered expense per trip: for ground \$1,000; for air \$5,000        | 80%  | 50%  |
| <b>Durable Medical Equipment</b>  | 80%  | 50%  |
| <b>Initial Care of a Medical Emergency –</b><br>Inpatient or Outpatient   | 80%  | 80%  |
| <b>Prescription Drugs <sup>4</sup></b><br><b>Retail Pharmacy</b><br>Per prescription<br>(up to a 30-day supply) | <b>Generic drugs:</b><br>100% after member pays a \$10 copay<br><br><b>Brand name formulary drugs:</b><br>100% after member pays a \$30 copay<br><br><b>Brand name nonformulary drugs:</b><br>100% after member pays a \$50 copay  | <b>Generic and brand name drugs:</b><br>50% of the average wholesale price |
| <b>Mail Service Drugs <sup>4</sup></b><br>Per prescription<br>(up to a 60-day supply)                           | <b>Generic drugs:</b><br>100% after member pays a \$20 copay<br><br><b>Brand name formulary drugs:</b><br>100% after member pays a \$60 copay<br><br><b>Brand name nonformulary drugs:</b><br>100% after member pays a \$100 copay | Not Available  |

<sup>1</sup> Inpatient medical care is subject to a \$500 penalty when preservice review is not obtained. This penalty is waived on emergency admissions; however, utilization review is still required.

<sup>2</sup> Nonemergency outpatient emergency room visits that do not result in inpatient admissions will be subject to a \$60 penalty.

<sup>3</sup> All surgical services of an Ambulatory Surgical Center require preservice review or you are subject to a \$50 penalty. Ambulatory Surgical Centers must be licensed and accredited and meet all requirements of state and local laws and agencies.

<sup>4</sup> Certain prescription drugs may require prior authorization by UNICARE.

Form Numbers:

TXIHDHP0304

TXIHDHPWP0304

TXIAPL1203

Insurance coverage is underwritten by UNICARE Life & Health Insurance Company.

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